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# Benefit Targeting In the Supplemental Food Programs

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## Background

The federally sponsored Supplemental Food Programs provide specific, nutritious foods to supplement the diets of low-income pregnant, breastfeeding, and postpartum women, and infants and children. The programs are administered at the national level by the U.S. Department of Agriculture (USDA). They include the Special Supplemental Food Program for Women, Infants, and Children (WIC) and the Commodity Supplemental Food Program (CSFP).

Both programs provide nutrition education to emphasize the relationship between nutrition and good health, and to help participants make positive changes in their eating habits.

The WIC Program also serves as an adjunct to the health care system, referring participants to necessary health care services.

## Eligibility

Both WIC and CSFP serve pregnant, postpartum, and breastfeeding women, and infants. Children up to age 5 are eligible to participate in WIC, and up to age 6 in CSFP.

Both programs require participants to live in an area where the program is operating and meet income eligibility standards established by the State agency.

To participate in WIC, persons must also have been found to be at nutritional risk and in need of the specific supplemental foods offered by the program. States have the option of establishing nutritional risk as a condition of eligibility for CSFP.

To determine nutritional risk, applicants undergo assessment by a health professional, according to such measurements as height and weight and blood tests. Nutritional risk includes a broad range of conditions such as inappropriate weight for height, anemia, and (in children) failure to thrive.

## Targeting

In order to provide maximum program benefits to participants from available program funds, USDA emphasizes the targeting of resources: directing program benefits to persons most in need and most likely to benefit from participation. Pregnant women are recognized as the group of eligibles most vulnerable to the effects of poor nutrition, and their unborn infants are most likely to benefit from nutritional supplementation. Program benefits are directed especially toward high-risk women early in pregnancy. These women are also given access to prenatal health care



and social services to further influence healthy pregnancy outcomes. Healthier babies are the final result, and the ultimate goal of targeting.

**General  
Regulatory  
Support**

The principle that resources should be targeted to persons in the highest priority groups is well established in practice and supported by regulatory authority. WIC and CSFP direct their available resources through a series of funds-allocation formulas, applicant eligibility screens, and prioritized allocations of available caseload slots. Targeting costs may be paid out of funds for administrative and nutritional services at State and local levels in both programs.

**Priority  
Systems**

During times of program growth, all eligible persons have equal access to WIC and CSFP on a first-come-first-served basis. However, when local agencies reach maximum caseload, applicants are placed on a waiting list and new slots are allocated to the highest priority individuals first.

Pregnant and breastfeeding women, infants, and children ages 1 through 3 constitute the highest priorities in CSFP. In the WIC priority system, pregnant and breastfeeding women, infants, and children with documented nutritionally related medical conditions that demonstrate the need for supplemental foods constitute the highest priority levels. Lower priority individuals are those with nonmedical conditions such as poor eating habits.

**WIC  
Funding  
Formula**

USDA allocates funds to State agencies for food and for administrative and nutritional services costs based on funding formulas. New formulas were introduced in fiscal year 1988. The funding formula for food costs was revised to consider not only each State agency's current operating level and the population of potential eligibles, but also the State's success in reaching persons at the greatest nutritional risk. Success in targeting was also made a factor in the formula for funding administrative and nutritional services.

**WIC  
Reporting  
Requirements**

WIC State agencies are required to report participation by priority level every quarter. This national data base provides USDA with an ongoing measure of each State's success in targeting to those at highest risk. In addition, these data will be used in a new biennial report to Congress on the income and nutritional risk characteristics of WIC participants.

**State Plan  
Requirements**

Each State agency's annual Plan of Operation and Administration must include:

**For WIC --** An affirmative action plan listing all areas and special populations in priority order based on relative need, and the agency's plan to begin or expand program operations in areas most in need; a plan to provide program benefits to persons most in need, and to enroll eligible women in the early months of pregnancy to the maximum extent

practicable; a plan to coordinate the program with special counseling services such as:

- The Expanded Food and Nutrition Education Program (EFNEP);
- The Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT);
- Immunization, family planning, and prenatal and well-child care programs;
- Alcohol, drug, and child abuse counseling;
- Aid to Families with Dependent Children (AFDC);
- The Maternal and Child Health (MCH) Program;
- Medicaid;
- The Food Stamp Program;

and a plan to publicly announce and distribute information on the availability of program benefits to offices and organizations that deal with significant numbers of potentially eligible persons.

**For CSFP --** The State agency's plans to continue program operations and any request for additional caseload to expand service.

## Research

Effective targeting begins with clearly defining the eligible population. USDA has undertaken several research projects to better understand and promote targeting effectiveness. The *WIC Potential Eligibles Study* estimated the number of persons eligible for the program based on participant category, income, and nutritional risk. The *National WIC Evaluation* and the *WIC Participant and Program Characteristics Study* helped further describe the eligible population by identifying the nutritional risk and income status of current WIC participants and the factors associated with positive birth outcomes. USDA is required to report biennially to Congress on the income and nutritional risk characteristics of WIC participants.

USDA has made demonstration project grants available to help State agencies develop "transferable technologies"--i.e., methods that might be useful to other States as well--to improve automated systems for collecting better participant data. These data will help determine workable State-specific targeting goals, and will help measure a State's progress in increasing its ratio of highest risk participants.

Recently, USDA began a *WIC Benefit Targeting Study* to find effective ways to reach high-risk, eligible pregnant women and bring them into the program at an early date. This study will identify and field test methods for overcoming barriers to effective targeting. The project will strive to produce a set of proven successful targeting strategies which may then be shared among State and local agencies and adapted to unique local environments and populations.

## Federal Coordination

Programs administered through different agencies often serve similar target populations. Therefore, USDA and the U.S. Department of Health and Human Services (DHHS) have increased their efforts to coordinate



relevant program operations, reinforce mutual objectives, and promote efforts to direct benefits to those at greatest risk. A DHHS study, *Improving MCH/WIC Coordination*, examined barriers to coordination between the MCH and WIC Programs and recommended improvements: implementing the concept of WIC as an adjunct to health care; eliminating unnecessary duplication of services and resources; promoting more efficient State and local administration of both programs; and maximum response to the needs of disadvantaged mothers and children. In response to one recommendation, both USDA and DHHS have designated regional WIC and MCH liaisons to promote closer coordination at that level.

## **Cooperative Efforts**

At the national level, USDA focuses on coordination and information sharing with national organizations potentially able to help State and local WIC and CSFP agencies to target program benefits.

USDA is substantially involved with Healthy Mothers, Healthy Babies, a coalition of over 80 professional, voluntary, and government organizations with a common interest in maternal and child health. The coalition fosters public education for pregnant women through collaborative activities and the sharing of information and resources. USDA participates on coalition subcommittees relating to various aspects of maternal and child health, and has disseminated a wide variety of educational materials of benefit to participants in WIC and CSFP. USDA also distributes quarterly reports on the activities of coalition members.

Furthermore, USDA works with national organizations of health professionals to encourage referrals of potentially eligible, hard-to-reach persons. Cooperative efforts have been started to share information about the Supplemental Food Programs and their targeting emphasis by exchanging contact lists, having articles printed in professional journals and newsletters, and providing information and speaking at various meetings and conventions.

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*The Supplemental Food Programs are open to all eligible persons regardless of race, color, national origin, age, sex, or handicap.*